

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	03551.0136
	First Named Inventor	Rustum et al.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	September 15, 2003
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Reducing Alopecia and Bladder Toxicity of Cyclophosphamide

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application (Numbers)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION - Utility or Design Patent Application					
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.					
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:					
<input checked="" type="checkbox"/> Customer Number <div style="text-align: center; margin-top: 5px;">OR</div>		<input type="checkbox"/> Registered practitioner's name/registration number listed below		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Place Customer Number Bar Code Label Here </div>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">26712</div>		<div style="text-align: center; margin-top: -10px;">→</div>			
Name		Registration No.		Name	
Ranjana Kadle		40,041		R. Kent Roberts	
John M. Del Vecchio		42,475		George L. Snyder, Jr.	
Martin G. Linihan		24,926		Rachel S. Watt	
John D. Lopinski		50,846		Daniel C. Oliverio	
David L. Principe		39,336		Edwin T. Bean, Jr.	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto					
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 0 10px;">26712</div> OR <input type="checkbox"/> Correspondence address below					
Name	Ranjana Kadle				
Address	Hodgson Russ LLP				
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City	Buffalo	State	New York	ZIP	14203-2391
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(716) 849-0349					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
YOUCEF M.			RUSTUM		
Inventor's Signature					Date
Residence: City		State		Country	
AMHERST		NEW YORK		US	
Mailing Address					
178 LANDINGS DRIVE					
City		State		ZIP	
AMHERST		NEW YORK		14228	
				Country	
				US	
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet	Page 3 of 4
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) FARUKH		Family Name or Surname DURRANI	
Inventor's Signature			Date
Residence: City SNYDER	State NEW YORK	Country US	Citizenship INDIA
Mailing Address 13 CAMPUS DRIVE			
City SNYDER	State NEW YORK	ZIP 14226	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) PETER		Family Name or Surname KANTER	
Inventor's Signature			Date
Residence: City EAST AURORA	State NEW YORK	Country US	Citizenship US
Mailing Address 925 QUAKER ROAD			
City EAST AURORA	State NEW YORK	ZIP 14052	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) SHOUSONG		Family Name or Surname CAO	
Inventor's Signature			Date
Residence: City EAST AMHERST	State NEW YORK	Country US	Citizenship US
Mailing Address 8771 MILLCREEK DRIVE			
City EAST AMHERST	State NEW YORK	ZIP 14051	Country US

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet <div style="text-align: right; font-size: small;">Page 4 of 4</div>
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) KAROLY		Family Name or Surname TOTH	
Inventor's Signature		Date	
Residence: City NORTH AMHERST	State NEW YORK	Country US	Citizenship US
Mailing Address 39 CAMPUS DRIVE			
City NORTH AMHERST	State NEW YORK	ZIP 14226	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) HARRY		Family Name or Surname SLOCUM	
Inventor's Signature		Date	
Residence: City KENMORE	State NEW YORK	Country US	Citizenship US
Mailing Address 369 SOUTHWOOD DRIVE			
City KENMORE	State NEW YORK	ZIP 14223	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country